

# **EXHIBIT 15**

**From:** Teague, Gary [/O=BARD/OU=COV AG/CN=RECIPIENTS/CN=GTEAGUE]  
**Date:** 10/5/2005 1:13:47 PM  
**To:** Jim Ross, MD, PhD [ctrreprodmed@sbcglobal.net]  
**CC:** Evans, Doug [Doug.Evans@crbard.com]  
**Subject:** RE: avaulta

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Understood. We're arriving in Phoenix around 12:30. Should be at the hotel by 1:30 ish.

GDT

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From: Jim Ross, MD, PhD [mailto:ctrreprodmed@sbcglobal.net]  
Sent: Tuesday, October 04, 2005 6:14 PM  
To: Teague, Gary  
Subject: avaulta

The proximal anchoring suture is at the ischial spine where the arcus starts. Get the same effect and on some patients the mesh reaches from sidewall to sidewall. It is important the docs try to stretch the mess to reach sidewall all the way down repair, because increased tension will cause increase in erosion rate (ie. not tension free). I know you understand this but I think we must stress this point to the docs.

Apex. We attach the BSA and BSP to the ischial spines, which effectively closes the top of the vaginal apex. So dual procedures are treated. I have had several patients Rx's with the BSP that had large enteroceles in addition to the rectocele being covered. I did not do any special treatment for the enterocele and so far there has been no apical prolapse. If apical prolapse does occur I bet it will be in conjunction with the development of a cystocele. I think we again can use the French findings with my cases to support this concept. **No sweat, we have an answer for everything (ha ha).**

Can you and Doug make it to Phoenix by noon on Thursday? I get there at 10:00 AM. I saw the Avaulta schedule-Steak again! I am beginning to feel like a longhorn!!! I have thought about the Avaulta lecturing, at this point I do not want to give any of it up. I am the only one who has done several of these procedures and I know what we want to say. Plus this is my baby, especially the next phase.

See you in Phoenix.

Jim Ross, MD, PhD